2002 UNIFORM BUSINESS REPORT (UBR)

0132982 AV

DOCUMENT # P00000041461

1. Entity Name

BEAT OF LIFE HEALTH SYSTEM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 25 PM 2:00

[redacted]

Principal Place of Business	Mailing Address
9600 SW 8th Street.#35 Miami, Florida 33174	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc. as	Suite, Apt. #, etc. as
City & State Above	City & State Above
Zip / Country	Zip / Country

4. FEI Number 65-1001227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARIA E. PEREZ 9600 SW 8th St. #35 Miami, Florida 33174	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE MARIA E. PEREZ 3/15/02

Signature of typed or printed name of registered agent and title if applicable (MUST be signature if typed name appears when submitting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERNANDEZ, OSCAR E.	XX Delete	PEREZ, MARIA E. SAME AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000005205030--9 -04/08/02--01051--017 ****150.00 ****150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA E. PEREZ, PRES. 3-14-02 (305)223-2420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #